



ATHENS STATE

UNIVERSITY

JOINT ENROLLMENT

Date _____

Term you plan on entering Athens State: Fall _____ Spring _____ Summer _____

Student Social Security Number: _____

Student's Name: _____

Address: _____

Name of Institution that you will be Joint Enrolled with:

This is to certify that the above named student has completed 32 semester hours with at least a 3.0 grade point average.

Student's Signature

Junior, Community, or Technical College
Dean of Instruction